

2009 INDIANA STATE POLICE - SUMMER CAMP APPLICATION



INSTRUCTIONS FOR PARENTS/GUARDIANS:

1. **PRINT** clearly in ink.
2. Application must be received two (2) weeks before camp begins.
3. **No "walk-ons" will be accepted.**
4. **PARENTS/GUARDIANS ARE RESPONSIBLE FOR TRANSPORTATION... TO AND FROM CAMPS.**

PARENTAL CONSENT:

As a parent or court appointed guardian of the applicant, I assume all risks and liability pertaining to any activity whatsoever, and wherever located, and permit the use of my child's likeness in camp promotional publications, pursuant to the program and hereby release the Indiana State Police and/or the Indiana Troopers Association from any such liability that may arise due to participation in the Indiana State Police Summer Camp Program.

Parent or Guardian Signature/Date

PLEASE CHECK THE CAMP YOU WILL BE ATTENDING

 Indiana State Police Career Camp	Campers Entering Grades 9-12 \$190.00 Fee...Co-Ed
	Vincennes University July 12-17 <input type="checkbox"/>
 Lions Law Camp	Campers Entering Grades 7-8 \$125.00 Fee...Co-Ed
	Vincennes University June 24-27 <input type="checkbox"/>
	Anderson University July 8-11 <input type="checkbox"/>
 Optimist Respect For Law Camp	Campers Entering Grades 5-6 \$105.00 Fee...Co-Ed
	University of Southern Indiana June 4-6 <input type="checkbox"/>
	Vincennes University June 11-13 <input type="checkbox"/>
	Hanover College June 25-27 <input type="checkbox"/>
	University of Indianapolis June 25-27 <input type="checkbox"/>
	Anderson University July 9-11 <input type="checkbox"/>
University of Notre Dame July 16-18 <input type="checkbox"/>	

ONLY MONEY ORDERS OR CASHIERS CHECKS WILL BE ACCEPTED

NO CASH OR PERSONAL CHECKS WILL BE ACCEPTED

Payable to: **Indiana Troopers Association ISP Summer Camps**
PO Box 798 • Angola, Indiana • 46703

Contact the ITA Sponsors at: 1.800.671.9851 or 260.624.2926

★APPLICATIONS MUST BE RECEIVED 2 WEEKS PRIOR TO CAMP★

CAMP REGISTRANTS PERSONAL INFORMATION



LAST NAME:	
FIRST NAME:	
MIDDLE NAME:	
ADDRESS:	
ADDRESS 2:	
CITY:	STATE:
ZIP CODE:	COUNTY:
HOME PHONE (with area code):	
BIRTH DATE: (mm/dd/yyyy)	MALE: <input type="checkbox"/> FEMALE: <input type="checkbox"/>
ADULT SHIRT SIZE (Circle one): SMALL • MEDIUM • LARGE • XLARGE • XXLARGE	
EMERGENCY CONTACT NAME:	
EMERGENCY CONTACT PHONE:	
PARENT OR GUARDIAN EMAIL: (WE WILL USE THIS FOR CAMP CONFIRMATION IF AVAILABLE)	
MEDICAL INFORMATION IN THIS AREA <u>MUST</u> BE COMPLETED	
<p>As a parent or court appointed guardian of the applicant, I understand first aid will be available at the camp and campers will be closely supervised. If a serious injury/illness develops, medical and/or hospital care will be given. I further understand in case of serious injury or illness, I will be notified. If it is impossible to reach me, I give permission for emergency treatment or surgery as recommended by the attending physician. As a parent or guardian, I assume all responsibility for medical cost incurred as the result of <u>sickness</u> or <u>injury</u>.</p>	
PARENT OR GUARDIAN SIGNATURE:	
DATE:	
INSURANCE CARRIER:	
POLICY NUMBER:	
INSURANCE CARRIER PHONE NUMBER: (WITH AREA CODE)	
BRIEFLY LIST <u>ALL</u> MEDICAL CONDITIONS/MEDICATIONS:	
PLEASE LIST SPONSOR ... i.e. Kiwanis, Lions Club, Optimist Club Representative or <u>SELF</u>	
Sponsor Name:	
Sponsor Phone (with area code):	Organization: